

MULTIPLE INDEPENDENT CLAIMS FEE CALCULATION SHEET (GPO:2000 FORM 10-375)						SERIAL NO.	FILING DATE	
						AMOUNT		
						CLAIMS		
AS FILED	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	IND.	IND.	IND.
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1						51		
2						52		
3						53		
4						54		
5						55		
6						56		
7						57		
8						58		
9						59		
10						60		
11						61		
12						62		
13						63		
14						64		
15						65		
16						66		
17						67		
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25						75		
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30						80		
31						81		
32						82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.						TOTAL IND.		
TOTAL DEP.						TOTAL DEP.		
TOTAL CLAIMS						TOTAL CLAIMS		

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